

expected to attend and pay their own way to four subcommittee meetings each year; these meetings are generally held in Washington, DC or New York, NY.

The IRS is interested in representation from different areas of the payer community (e.g., banking, data processing, mutual funds, securities, life insurance, public accounting, payroll, and state & local government, etc.). Anyone wishing to be considered for membership on IRPAC should so advise the IRS. Please complete the following application questionnaire (or a facsimile thereof prepared on a word processor), and forward it to Ms. Kate LaBuda of the Office Payer Compliance, at the address below.

ADDRESSES: Internal Revenue Service, CP:CO:SC:P, 1111 Constitution Avenue, NW., room 1013, Washington, DC 20224.

DATES: Completed questionnaires (or facsimiles) should be received by IRS no later than June 30, 1995. Questionnaires received after this date will not be considered. An acknowledgment letter will be sent upon receipt.

FOR FURTHER INFORMATION CONTACT: Kate LaBuda at 202-622-3404 (not a toll-free number).

Dated: April 19, 1995.

Larry Faulkner,

Director, Office of Payer Compliance, Service Center Compliance.

Information Reporting Program Advisory Committee Membership Application Questionnaire

The following questions must be answered by anyone interested in becoming a member of the Information Reporting Program Advisory Committee (IRPAC). Applications (or facsimiles produced on a word processor) must be received at the address listed below by June 30, 1995. Those received after this date will not be considered. All applications received will be acknowledged. Questions may be directed to Kate LaBuda at 202-622-3404.

Ms. Kate LaBuda, CP:CO:SC:P, Service Center Compliance, Internal Revenue Service, Room 1013, 1111 Constitution Avenue NW., Washington, DC 20224.

1. Name:
2. Title:
3. Company or Organization Name:
4. Business Address:
5. Business Phone:
6. Fax Number:
7. Home Address:
8. Home Phone:
9. If you are applying on behalf of an organization or association other than

your employer, please state the name, and address of that organization. Also, provide a letter of reference from that organization stating that you are nominated on their behalf. This letter should contain the name of a contact and this contact's phone number.

10. List professional credentials (e.g., Ph.D., CPA, Enrolled Agent, Attorney, Accountant, etc.)

11. Check the *one* segment of the Information Reporting Program (IRP) payer community to which the organization that you represent, and your experience, most closely relate:

- _____ Real Estate
 _____ Transmitter/Forms
 Developer
 _____ Software Developer
 _____ Insurance: Property &
 Casualty
 _____ Insurance: Life
 _____ Securities
 _____ Mutual Funds
 _____ Payroll
 _____ State & Local Government
 _____ Corporate Compliance
 _____ Small Business
 Compliance
 _____ Public Accounting
 _____ Employee Plans
 _____ Trust Company
 _____ Corporate Transfer Agent/
 Utilities
 _____ Large Financial
 Institution
 _____ Small Financial
 Institution
 _____ Other (Please specify.
 _____)

12. List the number of years of IRP-related experience you have, and specific sources of this IRP experience. (Account for all years of IRP experience claimed.)

13. Identify organizations to which you belong and any relevant leadership positions you have held.

14. List any previous IRS employment (please state position/s, title/s, and length of time in each position):

15. Please propose two topic ideas that you feel would be appropriate for discussion by IRPAC. Include a short description (two sentences) of each topic.

THE FOLLOWING THREE ITEMS ARE REQUIRED FOR AN FBI NAME CHECK.

16. Date of Birth:
17. Place of Birth:
18. Other names ever used:

THE FOLLOWING ITEMS ARE REQUIRED FOR AN IRS TAX CHECK. (PLEASE NOTE THAT A TAX CHECK IS NOT A TAX AUDIT.)

I hereby authorize the Internal Revenue Service to perform the

standard Federal Advisory Committee member tax check, (pursuant to 26 U.S.C. 6103; 5 U.S.C. 1303; Executive Orders 9397, 11222, 10450; CFR 5.2; 31 CFR Part O, Treasury Department Order Nos. 82 (Revised) and 150-87) and to provide this information to the Assistant Secretary (Administration) of the Treasury Department.

I understand that the purpose of such tax check and income tax filing record check is to promote public confidence in the integrity of the Treasury Department and its administration of the Federal tax system. I have been advised that my Social Security Number is required to identify my tax records accurately. I also understand that this tax check must be completed prior to my appointment to this Federal Advisory Committee and I hereby voluntarily provide the following information:

19. Social Security Number:

20. Spouse's name and SSN (if married and filing jointly):

21. Name(s) and address(es) under which tax returns were filed for the past three years.

THE FOLLOWING ITEM IS REQUIRED BECAUSE OF THE FOREIGN AGENTS REGISTRATION ACT (FARA), AS AMENDED.

22. I presently _____ am / _____ am not required to register as an agent of a foreign principal under FARA, as amended.

Note: Pursuant to 18 U.S.C. sec. 219, an individual who is required to register as an agent of a foreign principal under FARA is prohibited from serving on IRPAC. By executing this questionnaire, you agree that (1) if you are required to register as an agent of a foreign principal under the FARA before your term commences on IRPAC, you will terminate any and all such agencies prior to beginning your tenure and will provide appropriate verification therefor; and (2) you will immediately resign from IRPAC if you become such an agent at any time during your term.

Certification

23. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. I also agree to the background checks set forth herein.

Signature _____
 Date _____

[FR Doc. 95-10764 Filed 5-1-95; 8:45 am]

BILLING CODE 4830-01-U

DEPARTMENT OF VETERANS AFFAIRS**Information Collections Under OMB Review**

AGENCY: Department of Veterans Affairs.
ACTION: None.

The Department of Veterans Affairs has submitted to OMB the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35). This document lists the type of information collection and the following: (1) The title of the information collection, and the Department form number(s), if applicable; (2) a description of the need and its use; (3) who will be required or asked to respond; (4) an estimate of the total annual reporting hours, and recordkeeping burden, if applicable; (5) the estimated average burden hours per respondent; (6) the frequency of response; and (7) an estimated number of respondents.

ADDRESSES: Copies of the proposed information collections and supporting documents may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 273-6886.

Comments and questions about the items on the list should be directed to VA's OMB Desk Officer, Joseph Lackey, NEOB, Room 10102, Washington, DC 20503, (202) 395-7316. Do not send requests for benefits to this address.

DATES: Comments on the information collections should be directed to the OMB Desk Officer on or before June 1, 1995.

Dated: April 24, 1995.

By direction of the Secretary.

Donald L. Neilson,

Director, Information Management Service.

Extension

1. Application for Reimbursement from Accrued Amounts Due a Deceased Beneficiary, VA form 21-601.

2. The form is used to file a claim for accrued benefits available at the time of the veteran's death. The information is used by Veterans Benefits Administration to determine the appropriate claimant eligible for accrued benefits.

3. Individuals or households.
4. 1,875 hours.
5. 30 minutes.
6. On occasion.
7. 3,750 respondents.

Extension

1. Report and Certification of Loan Disbursement, VA Form 26-1820.
2. This form is completed by lenders closing VA loans under the automatic or prior approval procedure subsequent to issuance of guaranty.
3. Individuals or households.
4. 150,000 hours.
5. 30 minutes.
6. On occasion.
7. 300,000 respondents.

Reinstatement

1. Application for Conversion, VA Form 29-0152.
2. The form is used by the insured to apply for conversion of a term policy to a permanent plan of insurance. The information is used by Veterans Benefits Administration to initiate the processing of the insured's request to convert his/her term insurance.
3. Individuals or households.
4. 1,125 hours.
5. 15 minutes.
6. On occasion.
7. 4,500 respondents.

Reinstatement

1. Designation of Beneficiary, VA Form 29-336.
2. The form is used by the insured to designate a beneficiary and select an optional settlement to be used when the insurance matures by death. The information is requested to determine the claimants eligibility to receive the proceeds.
3. Individuals or households.
4. 13,917 hours.
5. 10 minutes.
6. On occasion.
7. 83,500 respondents.

Reinstatement

1. Application of Surviving Spouse or Child for REPS Benefits (Restored Entitlement Program for Survivors), VA Form 21-8924.
2. The form is used by dependents of deceased veterans for the sole purpose of making a claim for REPS benefits. The information is used by Veterans Benefits Administration to determine whether the claimant is eligible for REPS benefits.
3. Individuals or households.
4. 2,500 hours.
5. 20 minutes.
6. On occasion.
7. 7,000 respondents.

[FR Doc. 95-10691 Filed 5-1-95; 8:45 am]

BILLING CODE 8320-01-M

Privacy Act of 1974; Report of Matching Programs

AGENCY: Department of Veterans Affairs (VA).

ACTION: Notice of renewal—VA/IRS Match Program.

SUMMARY: Notice is hereby given that the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), intends to renew the computer matching program comparing Internal Revenue Service (IRS) and Social Security Administration (SSA) income records with VA patient income data which is contained in the patient medical records.

The goal of these matches is to compare income, social security number, and employment status as reported to VHA with income records maintained by IRS and SSA. For the information of all concerned, a summary report of the VHA matching program describing the computer matches follows. In accordance with 5 U.S.C. 552a(o)(2), copies of the computer matching report are being sent to both houses of Congress. These matches are expected to commence on or about May 1, 1995, but start no sooner than 30 days after publication of this notice in the **Federal Register**, or 40 days after copies of this notice and the agreement are submitted to Congress and the Office of Management and Budget. These matches may be extended by the involved Data Integrity Boards for a twelve month period provided all agencies involved certify to the Data Integrity Boards, within three months of the termination date of the original match, that the matching program will be conducted without change and the matching programs have been conducted in compliance with the original matching agreements. The matches will not continue past the legislative authorized date to obtain this information. However, expiration of this agreement is December 31, 1995.

ADDRESSES: Interested individuals may comment on the matches by writing to the Associate Chief Medical Director for Administration (161D), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420.

FOR FURTHER INFORMATION CONTACT: Janice E. Wheeler (202) 273-6276, Program Analyst, Income Verification Match Policy Service.

SUPPLEMENTARY INFORMATION: Further information regarding the matching program is provided below. This information is required by Title 5 U.S.C. 552a(e)(12), the Privacy Act of 1974, as